

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213544820			
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: THE KIWANIS CLUB OF CHRISTIANSBURG </div> <div> DUE DATE: 10/31/2013 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: D MICHAEL BARBER 365 TOMAHAWK DR CHRISTIANSBURG, VA </div> <div> SCC ID NO: 00702225 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MONTGOMERY COUNTY </div> <div> 5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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4.) STATE OR COUNTRY OF INCORPORATION: VA					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: PO BOX 313 CITY/ST/ZIP: CHRISTIANSBURG, VA 24068 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: M. JOEL SUTPHIN TITLE: PAST PRESIDENT ADDRESS: 2740 MADISON AVENUE CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: M. JOEL SUTPHIN TITLE: PAST PRESIDENT ADDRESS: 2740 MADISON AVENUE CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TEDDY MCCrackEN SECRETARY 90 NURSURY RD CHRISTIANSBURG, VA 24073	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEN CRANFORD DIRECTOR 70 GREENWAY DRIVE CHRISTIANSBURG, VA 24073	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT HARRIS DIRECTOR 230 REVOLUTION CIRCLE CHRISTIANSBURG, VA 24073	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS HUNTER DIRECTOR 540 INDEPENDENCE BLVD CHRISTIANSBURG, VA 24073	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR LANCASTER DIRECTOR 1465 REDHAWK RUN CHRISTIANSBURG, VA 24073	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE KUHN VICE PRESIDENT 770 TOWER RD CHRISTIANSBURG, VA 24073	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERNIE WADE DIRECTOR 220 EMERALD BLVD CHRISTIANSBURG, VA 24073	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ D MICHAEL BARBER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		D MICHAEL BARBER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		9/25/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					